

Amended - See Attached

FORM LM-30

LABOR ORGANIZATION OFFICER AND  
EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>2284</u>	2. Fiscal Year Covered From: <u>7</u> / <u>1</u> / <u>2003</u> Through: <u>6</u> / <u>30</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Gene</u> <u>A</u> <u>Alessandrini</u> P.O. Box, Bldg., Room No., if any <u>PO Box 863</u> Street _____ City <u>Iron Mountain</u> State <u>Michigan</u> ZIP Code + 4 <u>49801-0863</u>	4. Name, file number, and address of labor organization. Name <u>Construction and General Laborers' Union</u> Labor Organization File Number <u>003461</u> P.O. Box, Building and Room Number, if any <u>P.O. Box 863</u> Street <u>1800 N. Stephenson Ave.</u> City <u>Iron Mountain</u> State <u>Michigan</u> ZIP Code + 4 <u>49801-0863</u>
5. Position in labor organization. <u>Business Manager</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____
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Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed 

On 5/24/2005

Date

906-774-6070

Telephone Number

Name of Person Filing <b>Gene Alessandrini</b>	File Number U-
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

**8. Name and address of Business (including trade name, if any).**

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

**9. Business deals with:**

- ☐ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

**10. If 9.b. or 9.c. is checked give trust or employer's name.**

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

**11.a. Nature of such dealing.**

**11.b. Approximate dollar value of such dealing.**

**12.a. Nature of interest held or income received.**

**12.b. Amount.**

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

**13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).**

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

**14.a. Nature of payment.**

**13.b. Is the Business an Employer ☐ or Consultant ☐ ?**

**14.b. Amount of payment.**

MICHIGAN LABORERS' PENSION FUND

TRAVEL EXPENSES RECEIVED FROM JANUARY 1, 2004 THROUGH DECEMBER 31, 2004

GENO ALESSANDRINI

CHECK DATE	PAYEE	AMOUNT	PURPOSE
3/18/2004	Spartan Travel	\$127.34	Lodging - 5/23 & 5/24/04 Jt BOT Mtg
3/26/2004	Geno Alessandrini	\$342.50	3/24/04 BOT Mtg - Transportation
4/20/2004	Midway Hotel	\$112.10	Overnight room for 3/26/05 BOT Mtg
5/24/2004	Geno Alessandrini	\$96.25	5/23-5/254/04 JT BOT Meeting - Trans
		<b>TOTAL \$678.19</b>	

MICHIGAN LABORERS' VACATION FUND

TRAVEL EXPENSES RECEIVED FROM JANUARY 1, 2004 THROUGH DECEMBER 31, 2004

GENO ALESSANDRINI

CHECK DATE	PAYEE	AMOUNT	PURPOSE
3/18/2004	Spartan Travel	\$127.35	Lodging - 5/23 & 5/24/04 Jt BOT Mtg
		<b>TOTAL \$127.35</b>	

MICHIGAN LABORERS' TRAINING AND APPRENTICESHIP FUND

TRAVEL EXPENSES RECEIVED FROM JANUARY 1, 2004 THROUGH DECEMBER 31, 2004

GENO ALESSANDRINI

CHECK DATE	PAYEE	AMOUNT	PURPOSE
11/12/2003	Disney Yacht & Beach	\$234.15	Hotel Deposit - Tri-Fund Conf 1/04
12/19/2003	Geno Alessandrini	\$1,542.45	Travel Advance - Tri-Fund Conf 1/04
4/7/2004	Geno Alessandrini	\$628.51	Add'l Travel Expense- Tri-Fund 1/04
		<b>TOTAL \$2,405.11</b>	
1/7/2004	Geno Alessandrini	\$342.50	1/7/04 BOT Meeting - Transportation
3/18/2004	Geno Alessandrini	\$391.40	3/18/04 BOT Meeting - Transportation
3/18/2004	Spartan Travel	\$127.35	Lodging - 5/23 & 5/24/04 JT BOT Mtg
4/8/2004	Midway Hotel	\$61.60	Overnight room for 1/7/04 BOT Mtg
5/24/2004	Geno Alessandrini	\$96.25	5/23 & 5/24/04 Jt BOT Meeting -Trans
6/21/2004	Geno Alessandrini	\$337.50	6/21/04 Spec Call Personnel Co Mtg
10/21/2004	Geno Alessandrini	\$340.00	10/21/04 BOT Meeting - Transportation
		<b>TOTAL \$1,696.60</b>	

# LMSTNA LM-30 STAFF REPORT

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Name and Title	Date	Vendor	Event	Description	Amount
Alessandrini, Gino	08/16/04	James Santeramo	High Care Benefit Review Committee Michigan	Restaurant-	28.72
Alessandrini, Gino	08/17/05	James Santeramo	Review Modified Benefits cost reduction / mandated apprenticeship	Restaurant-	28.71

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